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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County CochiseState Index No. 19District DouglasCounty Registered No. 1028Town Douglas

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's No. _____

Or City DouglasNo. 518-8''

St. _____

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Delmira Dominguez

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

F

Color or Race

White Indian
Black Chinese
Mexican

SINGLE

MARRIED

WIDOWED

OR DIVORCED

DATE OF BIRTH

1914
(Month) (Day) (Year)

AGE

6 yrs.

mos

days

If less than 1 day

hrs., or min.

OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE

(State or country) mx

PARENTS

NAME OF FATHER

Procedo Dominguez

BIRTHPLACE OF FATHER

(State or country) mx

MAIDEN NAME OF MOTHER

Josefa Diaz

BIRTHPLACE OF MOTHER

(State or country) mx

The Above Is True to the Best of My Knowledge

(Informant) Juan Perez(Address) Douglas

PLACE OF BURIAL OR REMOVAL

Douglas

DATE OF BURIAL OR REMOVAL

7/8 1920

UNDER-TAKER

C. A. Paul Co

ADDRESS

Douglas

DATE OF DEATH

July 8'' 1920
(Month) (Day) (Year)I hereby certify, that I attended deceased from 7/2 1920 to 7/7 1920; that I last saw him alive on 7/7 1920, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing Death was as follows:Thud due to burn(Duration) yrs. mos. 3 daysWas disease contracted in Arizona? yes

If not, where? _____

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) J. Reese7/8 1920 (Address) Douglas

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death yrs. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence _____

Filed 7/8 1920J. Reese Local Registrar.Filed Aug. 3 1920H. Reese County Registrar.

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.